

1 PLACE OF DEATH

County Jack State Board of Health
 Civil Dist 1st Bureau of Vital Statistics
 Village Summit CERTIFICATE OF DEATH
 City Madison Registration District No. 14
 Primary Registration District No. 14 St.; Ward
 File No. 1
 Registered No. 1
 If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Madison Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Infant
 MARRIED, WIDOWED, OR DIVORCED (Write the word)
 6 DATE OF BIRTH Dec 21 1922
 (Month) (Day) (Year)
 7 AGE 15 H. LESS than 1 day, ____ hrs. ____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or Country) Jackson Co Tenn

10 NAME OF FATHER Mrs Allen

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Etta Mite

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Informant Mrs Allen
Gainesboro
 [Address]

15 File Feb 23 1923 Mrs W H Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23 1923
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY That I attended deceased from ms Allen mother of the deceased myself near Putnam 1923
 that I last saw her alive at 11 M
 and that death occurred, on the date stated above, at 11 M
 The CAUSE OF DEATH was as follows: and that
the baby had pneumonia
pneumonia
Ha

[Duration] yrs. mos. da.
 Contritory [SECONDARY] [Duration] yrs. mos. da.
 Signed _____ M. D.
 Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 As place of death, yrs. mos. da. In the State, yrs. mos. da.
 Where was disease contracted, if not at place of death?
 Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Putnam Co Feb 25 1923

20 UNDERTAKER ADDRESS
Putnam Co

VAP MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.